

Membership Form

YES! I want to support the Nineteenth Century by becoming a Member at the following level:

- \$195 annual Individual Membership
- \$340 annual Household Membership (two people of the same household)
- \$4,000 Lifetime Membership
- I need information about a full or partial dues waiver (all waivers are confidential)
- I am enclosing an additional membership donation of \$_____

Name: _____

If Household Membership, please fill out an additional form for second member.

Address: _____

City, State, Zip: _____

Email: _____

Phone: _____

Please provide emergency contact information: (Name, phone number, relationship):

- Do not put my contact information in the printed/online Membership Directory (circle)

Optional Personal Information

Contact (Badge) Name if different than above: _____

Interests: _____

Have you attended programs and/or know any members? _____

Demographic Information:

Birthdate: ____/____/____ Month & Day may be published in Newsletter: Yes No

Gender Identity: F M Non-Binary Prefer not to say

Race/Ethnicity: African American Arab American Asian American/Pacific Islander
 European American/Caucasian Latino/Latina American Native American/Alaskan
 Multicultural Prefer not to say

Diversity Statement: The Nineteenth Century Charitable Association welcomes members of diverse cultures, faiths, genders, orientations, and abilities. We make a point to celebrate differences and respect each other's unique perspectives.

OFFICE USE ONLY:

Method of Payment: Cash Check _____ Credit Card

Date: _____ Notes: _____ Entered by: _____